

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>997644000</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1-2					53						
4		1					54						
5		1-4					55						
6		1-1					56						
7		1-6					57						
8	1						58						
9		1					59						
10		1-2					60						
11		1					61						
12		1-4					62						
13		1-1					63						
14		1-4					64						
15	1						65						
16	1						66						
17		1					67						
18		1-2					68						
19		1-1					69						
20		1-4					70						
21		1-1					71						
22		1-4					72						
23							73						
24							74						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						

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